The Manitoba Prostate Cancer Support Group NEWSLETTER

Vol. 234 – December 2010

manpros@mts.net

Idle Thoughts

... All I ask is a chance to prove that money can't make me happy.

... Experience is the thing you have left when everything else is gone.

... One nice thing about egotists: they don't talk about other people.

Medical Advisors to The Manitoba Prostate Cancer Support Group

=> Paul Daeninck M.D. Pain Management

=> Darryl Drachenberg M.D. Urologist

=> Graham Glezerson M.D. Urologist

=> Ross MacMahon M.D. Urologist

=> John Milner M.D. Urologist

=> Jeff Sisler M.D. Family Practitioner

Thanks!

NEXT MEETING:

Thursday, December 16th, 2010   7 - 9 P.M.

Party Time: Celtic Group "**Beggars Brawl**" - Miriam, Darrell, Mike & D'Arcy

Location: AUDITORIUM of the Seven Oaks General Hospital - Leila & McPhillips

The Manitoba Prostate Cancer Support Group encourages wives, loved ones, and friends to attend all meetings.

Feel free to ask basic or personal questions without fear of embarrassment. You need not give out your name or other personal information.

The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians. All information is however freely shared.

Thank You Lorne Strick

Our videographer, Lorne Strick, has decided to retire from making videos and DVD's of our speakers. He was one of the initial founders of our Support Group and has been doing this work since February, 1994.

Lorne was so conscientious that he seldom missed a meeting in all those years. In addition to producing the videos, he also made a copy for each speaker and delivered it to them personally – all at his own expense. He still plans on attending our meetings, only now without his camera.

The Executive wishes to recognize and thank Lorne for his contribution and many years of commitment to our Support Group. We recognize the value of his efforts and are grateful for his generous assistance.

WE REALLY APPRECIATE YOUR SUPPORT

The Manitoba Prostate Cancer Support Group operates on your donations

Have you used any of our services?

Newsletter - General Meetings - Hospital visits - One-on-one visits - Speakers

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✍ Ms ✍ Miss

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Make cheque or money order payable to:
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 # 705 - 776 Corydon Ave., Winnipeg R3M OY1

Charity number: 88907 1882 RR001 ***a tax deductible receipt will be issued.***

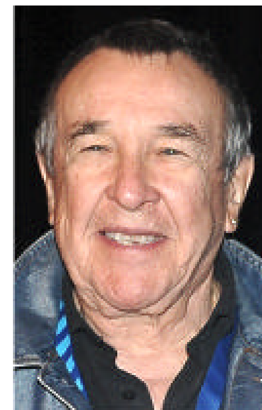
CHRISTMAS IS AROUND THE CORNER

WHICH SIGNALS THE END OF THE 2010 TAX YEAR.

We want to remind everyone planning to make a donation to the support group for a deduction on their 2010 income tax return, to do so soon. That way, Joseph, our Treasurer, will have time to issue your receipt **before December 31**.

Please act soon, because Joseph gets very busy Cooking his Christmas turkeys in December!

Congratulations to Norm Oman



Bob Schiell, Managing Director of Prostate Cancer Canada Network presented Norm Oman with the Founders Award at the 2010 National Prostate Cancer Conference in Toronto. This award was given to recognize the accomplishments of an individual for his track record of service, leadership, innovation and integrity. Norm is the 6th recipient of this award. Norm was involved nationally with Canadian Prostate Cancer Network from the initial stages.

Norm was diagnosed with prostate cancer in 1992 and subsequently has been the driving force behind the Manitoba Prostate Cancer Support Group ever since. He was instrumental in setting up Support Groups not only in Manitoba and also across Canada. In addition, Norm has an outstanding record of achievement within the support group community and is highly respected for his many accomplishments. For many years he has been committed to the development of the Support Group by sharing his knowledge and mentorship. Well done, Norm!

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What is Ablatherm® HIFU?

Ablatherm® HIFU is a procedure where the temperature inside the prostate is raised to 85° Celsius using a focused ultrasound beam.

A probe is placed into the rectum after spinal or epidural anesthesia has been administered. This probe emits a beam of high intensity focused ultrasound. At the point where the ultrasound is focused (focal point) the sudden and intense absorption of the ultrasound beam quickly raises the temperature which destroys targeted cells. The area destroyed by each beam is very small
and precise.

By repeating the process and moving the focal point it is possible to destroy the prostate tissue. The treatment takes from 1 to 3 hours depending upon the size of the prostate and is usually performed on an outpatient basis.
Is My Cancer Curable by Treatment with Ablatherm® HIFU?

Ablatherm® HIFU is an appropriate treatment option for essentially any male who has prostate cancer which can be cured by any other means. The stages of cancer of the prostate are:

3-D view of the Ablatherm procedure.

1. T-1 Prostate cancer - This is a cancer which has no signs or symptoms and is totally unsuspected. The prostate feels normal to the physician on rectal exam. The cancer is detected either by an elevated Prostatic Specific Antigen (PSA) blood test and subsequent biopsies or by examination of tissue removed during treatment of an enlarged prostate. This tumor can be cured by surgery, radiation, and Ablatherm® HIFU.

2. T-2 Prostate cancer - This is a tumor which is suspected on rectal exam. One or both lobes of the prostate have areas of firmness and biopsies reveal the cancer. The PSA is also usually elevated. This tumor can be cured by surgery, radiation, and Ablatherm® HIFU.

3. T-3 Prostate cancer - This is a tumor that has spread outside the prostate capsule and may have reached the seminal vesicles. This tumor is not curable by surgery, radiation, or HIFU.

4. T-4 Prostate cancer - This tumor may have spread to the rectum or bladder or to distant organs or bone. This tumor is not curable by surgery, radiation, or HIFU.

Patients with both T-1 and T-2 prostate cancer will have an imaging scan, such as an MRI or CT, to try to detect cancerous extension outside the prostate or to other organs (lymph nodes, liver, etc.). A Bone Scan is used to rule out spread to bone. These tests will show no spread of tumor outside the prostate in T-1 or T-2 cancer.

Patients with T-1 and T-2 prostate cancer who have had external beam radiation therapy (EBRT) and recurrent cancer, but no spread outside the prostate, can be treated for cure by Ablatherm® HIFU. The sooner a patient is treated after the diagnosis of failed EBRT the better the chance he has for cure by Ablatherm® HIFU.

Patients with T-1 and T-2 prostate cancer who have had a radical prostatectomy and have recurrent cancer localized to the area of the prostatic fossa can be treated for cure by Ablatherm® HIFU. In fact, Ablatherm® HIFU remains one of the only therapy options for these patients.

It is important to know that the ability to detect microscopic spread of the tumor beyond the walls of the prostate is limited by today's technology. It is estimated that approximately 30% of patients diagnosed as having T-2 prostate cancer actually have a spread of cancer cells outside the prostate wall (T-3) and are therefore not curable. This is particularly true if the PSA is equal to or greater than 10 or the Gleason score is greater than 7.
What Do the Clinical Studies Show?

Ablatherm® HIFU has been extensively used in Europe. One report of 137 patients showed that 93% of the patients had negative prostate biopsies and 87% had PSA levels of less than 1.0 five years after the treatment.

Over 90% of patients undergoing Ablatherm® HIFU therapy will not require further treatment for their prostate cancer. Indeed, among the patients treated by Maple Leaf HIFU, fewer than 3% of patients have required retreatment in our first two years of operation. In those developing a recurrence, they remain candidates for surgery, radiation or hormone therapy. Ablatherm® HIFU treatment has a similar success rate to radical prostatectomy but has the major advantage of using non-invasive technology with many fewer side effects.
Is Ablatherm® HIFU a Proven Therapy?

In 1989, three prestigious European research groups united in their efforts and initiated a project to develop an efficient and non-surgical treatment for localized prostate cancer. After ten years of development Ablatherm® HIFU was approved for treatment in Europe. At present, Ablatherm® HIFU is being used throughout Europe, Russia and other Asian countries. To date, thousands of patients have been treated successfully in many European centers and throughout the world.

www.hifu.ca/patient/about_ablatherm.php

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Salvage Radiation for Prostate Cancer

A Primer

Many men can still be cured when their PSA rises after surgery.

What is salvage radiation?

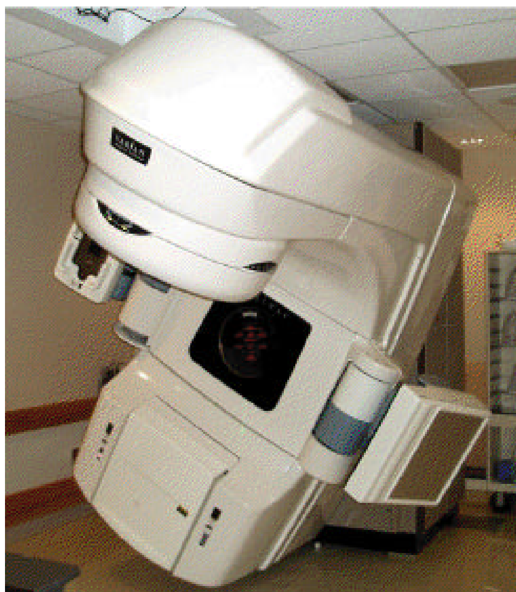
Salvage radiation (SRT) is radiation therapy used to treat prostate cancer that recurs or remains after surgery or another initial therapy. (If you were looking for information for the newly diagnosed, see Basics of Prostate Cancer.) Salvage radiation differs from adjuvant radiation mainly in timing—adjuvant radiation is done without waiting for signs of recurrence, while salvage happens after a rising PSA (biochemical failure).

SRT can be performed with various technologies. For example, with "traditional" radiation, which uses X-rays, SRT can be delivered with 3D conformal radiation (3D CRT), Intensity Modulated Radiation Therapy (IMRT), or Image Guided Radiation Therapy (IGRT). SRT can also be done with proton beam therapy.

How successful is SRT?

About 73% of patients will experience a significant drop in PSA after salvage radiation, but in the long term (past 5 years) the percentage of men free from progression drops to around one third.[1][2] The odds of long-term success with SRT for prostate cancer depend upon several variables.

One important factor is pre-radiation PSA. The sooner salvage radiation is started, the better. The best outcomes are attained when men start at a PSA of 0.5 ng/ml or less. The next cut point is 1.0 ng/ml. This was reported by Dr. Andrew Stephenson, et al, in 2004 and updated in 2007.[3][1] His research is the basis of the calculator which you can use at: http://www.mskcc.org/applications/nomograms/prostate/SalvageRadiationTherapy.aspx



What are the treatments like?

The treatments themselves - administered over a number of days or weeks - are completely painless. The patient lies on a table for several minutes while a machine moves around him. There is no sensation at all from the radiation, although side effects may build up gradually over time.

What are the side effects of SRT?

Side effects of salvage radiation are usually mild and transitory.[4] They can include:

* Bowel irritation, which presents itself in the form of increased frequency of bowel movements, loose stools, diarrhea, painful bowel movements. The rate of occurrence of bowel problems is much less with today's IMRT, IGRT, and proton beam radiation than with past technologies. In most cases, adjusting one's diet and taking Imodium (loperamide) is sufficient to relieve symptoms.

* Bladder irritation, resulting in increased frequency and urgency. In some cases men develop late bladder problems months after treatment. Sometimes (less than 2%) men develop urethral strictures or bladder contractures. These can usually be treated on an outpatient basis in the urologist's office.

* Fatigue

* Incontinence. If there was a problem with continence before salvage radiation, it might be worsened. It is less likely that salvage radiation would cause incontinence all by itself.

* Impotence. Some men experience a creeping problem with erectile dysfunction, which comes on incrementally over a period of years following radiation.[5]

"There is a general fear of this kind of radiation treatment on the part of some patients and their physicians, but this study shows that it not only effectively eradicates the recurrent cancer in a substantial number of patients, but that there are few serious side effects," says the study's lead investigator, Jennifer Peterson, M.D., from the Department of Radiation Oncology at Mayo Clinic in Florida. [4]

Photo credit: Indy Dina and Mr. Wonderful: http://www.flickr.com/photos/littlesister/490643515/ (Creative Commons License)

Disclaimer: this was compiled by a layperson and has not been reviewed by any medical professional for accuracy. Although the author believes the information to be correct and up-to-date, readers should not rely upon this document as a sole source of information. This is not intended as medical advice. This is meant as information upon which to base further inquiry, and to help you ask the right questions of your doctor.

(Continued on page 5)

(Continued from page 4)

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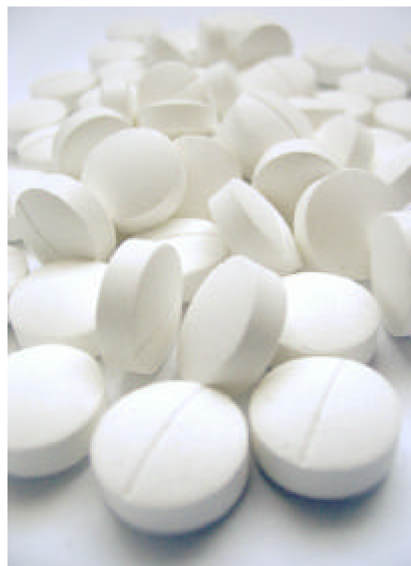
New Drug for Advanced Prostate Cancer

Article date: September 16, 2010 American Cancer Society

The Food and Drug Administration (FDA) recently approved a new drug called cabazitaxel (Jevtana) for men with advanced prostate cancer that is resistant to hormone therapy and not responding to treatment with the chemotherapy drug docetaxel (Taxotere). Before the approval of cabazitaxel, docetaxel was the only FDA-approved option for men with advanced, hormone-refractory disease.



Because of its potential to help men with late-stage prostate cancer, the drug, made by Sanofi-Aventis, was fast-tracked for FDA approval.

“Patients have few therapeutic options in this disease setting,” said Richard Pazdur, MD, director of the Office of Oncology Drug Products, part of the FDA’s Center for Drug Evaluation and Research, at the time of the approval. “FDA was able to review and approve the application for Jevtana in 11 weeks, expediting the availability of this drug to men with prostate cancer.”

Improved survival

The FDA based its approval on results from the TROPIC study, which compared the overall survival of 378 men who got cabazitaxel with 377 who got mitoxantrone (another chemotherapy drug sometimes used to treat prostate cancer). Both groups of men also received prednisone. All of the men had previously been treated with docetaxel. Researchers found men who got cabazitaxel lived about 10 weeks longer on average than men who received mitoxantrone.

Side effects of cabazitaxel can include a decrease in infection-fighting white blood cells, anemia, a decrease in blood platelets, diarrhea, fatigue, nausea, vomiting, constipation, weakness, allergic reactions, peripheral nerve damage, and kidney failure.

While cabazitaxel is promising for men with advanced disease, some health professionals have expressed some concerns about the toxicity of the drug. Further research should help better define the drug's safety profile.

About 1 man in 6 will be diagnosed with prostate cancer during his lifetime. While more than 2 million men in the US who have been diagnosed with prostate cancer are still alive today, about 32,050 men are expected to die of prostate cancer in 2010.

www.cancer.org/Cancer/news/News/new-drug-for-advanced-prostate-cancer

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WANTED

A cartoonist or budding cartoonist is required to develop a series of cartoons surrounding the subject of prostate cancer. The goal is to present the many circumstances we confront. as we deal with prostate cancer. More than one cartoonist would be great as collaboration seems to be an integral part of our lives. The concept is to present the humorous side to our story. I know there are many.

Please contact Len Bueckert newsletter coordinator by e-mail at lenbue@mts.net

saga.co.uk Health News

New Test Hope For Prostate Cancer

Scientists have been searching for years for a reliable test to identify men at risk of prostate cancer – now they may be near the end of that search. Lesley Dobson reports

A new approach to identifying men at risk of prostate cancer could be a huge leap forward in the treatment of this disease. A study carried out by scientists at the Cancer Research UK Cambridge Research Institute and The Institute of Cancer Research (ICR) found that a protein in urine could be a strong indication of a man's risk of prostate cancer.

The study, published in PloS ONE looked at the protein microseminoprotein-beta (MSMB), which is produced by normal prostate cells and regulates prostate cell death. Having significantly reduced amounts of MSMB is linked to a genetic change associated with an increased risk of developing prostate cancer. The genetic change is quite common and happens in 30 to 40 percent of European men.

This knowledge could be used to develop a new test, measuring levels of MSMB protein in urine, to help discover which men are at higher risk of developing prostate cancer.

"We looked in tissue and urine from over 350 men with and without prostate cancer to find out how much MSMB they had," said Dr Hayley Whitaker, from Cancer Research UK's Cambridge Research Institute, and the study's lead author. "We then looked to see who had the genetic change. It was really exciting to find out that the genetic change and the amount of protein were linked.

"The protein is easy to detect because it is found in urine and would potentially be a very simple test to carry out on men to identify those most at risk of developing the disease."

This is an important development because the current test, the Prostate Specific Antigen Test (PSA), is not reliable enough to use as a screening test on its own. Men with prostate cancer may not have raised PSA levels, and two out of three men who do have high PSA levels don't have prostate cancer. The test often gives a false positive result, showing that a man has prostate cancer when he doesn't. This can then mean that he has treatment that can be painful, and brings with it unpleasant side effects.

"Given the known limitations of the PSA blood test, finding a technique to accurately diagnose prostate cancer is the Holy Grail of research into the disease, which is why these results are potentially exciting," said Dr Kate Holmes, Research Manager at The Prostate Cancer Charity.

"More needs to be understood about MSMB, such as whether it is linked to non-cancerous prostate diseases. Once we have more information we can better evaluate whether detecting levels of MSMB has a useful role in diagnosing prostate cancer. An accurate, reliable urine test for prostate cancer would be an invaluable tool if it is proven to be successful on a large scale."

A reliable test for this condition would be a major breakthrough. Prostate cancer is the most common cancer in men in the UK. Each year 36,000 men in the UK are diagnosed with the disease, and every hour one man dies from this condition.

Professor David Neal, prostate cancer specialist at Cancer Research UK's Cambridge Research Institute, said: "This is a vital piece of research that could go a long way to find a long-awaited and much-needed reliable and easy test to identify those men most at risk of developing prostate cancer. If further studies show this marker can be used in the clinic this will be a landmark discovery."

First published October 15, 2010

www.saga.co.uk/health/news/new-test-hope-for-prostate-cancer-173.asp

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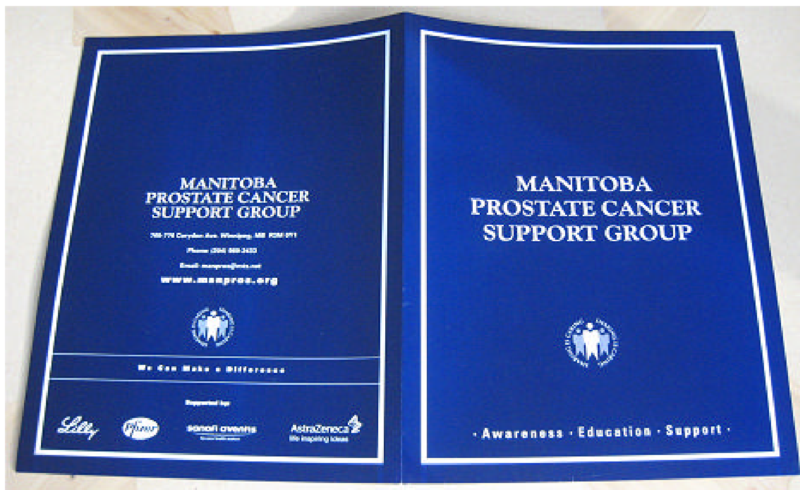
2010 MPCSG Year in Review

The purpose of this review is to highlight some activities of the Manitoba Prostate Cancer Support Group Executive over this past year. Our mandate of "Awareness, Education and Support" is the focus of our efforts.

The Executive is composed of 13 men and women volunteers. This past year has included some retirements and some new additions to the list. So we say thanks to those retirees for all their efforts and also thanks to the new volunteers that will continue our work.

One of our efforts in relation to "Awareness" was to design and produce a folder that would hold the pamphlets and booklets we distribute to urologists and newly diagnosed men attending our monthly meetings. The folder advertises our contact information and promotes our presence in the community (see picture). We thank Lilly, Pfizer, Sanofi Aventis and AstraZeneca for their help in producing this folder.

Speakers at our meetings provide "Education" on treatments, pain management, genetics, new research, erectile dysfunction, biopsy reports, psychological impact, and the MB Prostate Centre. Thirty to sixty members attend our meetings on a regular basis. It is important to recognize our "Snacks and Sharing" meeting where four men and two women members gave us a very humorous but a personal look into their prostate cancer journey. We thank them for their commitment to helping others.



"Support" is often given by "one on one" conversations, meetings of couples over coffee, hospital visits, and telephone chats with new members. It is the individual contacts on a personal basis that really do make a difference when someone has just been given a cancer diagnosis. In addition, our membership chair has contacted everyone on our 850 member mailing list, not only to ensure it is current, but also to keep in touch on a personal basis.

We promote awareness and education by giving power point presentations to various groups and organizations in the community. Health Fairs were also part of our continuing efforts to provide information on prostate cancer.

Our Support Group arranged the annual September Prostate Cancer Awareness Evening at the Health Sciences Centre. It was advertised in the Winnipeg Free Press and was very well attended by the general public. The four doctors that spoke presented a review of their specialized area in relation to prostate cancer. The question and answer period allowed the public to hear the latest information from the medical personnel.

Some other Executive activities during 2010 include:

* Planned meetings with CancerCare management regarding the Tumour Bank.
* Assisting CancerCare Foundation and attending the Prostate Cancer Gala Dinner.
* Planned meetings with Manitoba Health Officials regarding drug costs.
* Attending the PCC/PCCN National Conf. in Toronto for Support Groups across Canada.
* Sourcing newsletter articles is a continual process for all Executive members.
* Meetings and correspondence with various representatives in order to maintain funding.
* A major revision to our website was completed – take a look - www.manpros.org
* Contacting speakers for our 2011 meetings.
* Planning our annual December Pot Luck Party with live entertainment – Beggars Brawl.

The Executive hopes that our efforts have made some impact on the community by bringing attention to this disease. We trust that we have provided opportunities for individuals to gain knowledge and insight into their prostate cancer diagnosis. Our work will continue in 2011.

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Manitoba Prostate Cancer Support Group
705 - 776 Corydon Ave.,
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Montreal Doctors Make History With Robotic Surgery

Aaron Derfel, The Gazette: Wednesday, October 20, 2010

MONTREAL — Doctors at the Montreal General Hospital are claiming a world first after operating on a prostate cancer patient using two robots at once — a mechanical arm to perform the surgery and an automated machine to anesthetize the man.

What's more, the Montreal General has invented the anesthesia robot, which it has patented and nicknamed McSleepy. Although the Da Vinci surgical robot has been around for years, doctors say this is the first time the two robots have been used together.

The operation — which was overseen by a surgeon and an anesthesiologist — took place last Wednesday, and has been declared a success.

"The advantage to using these two robots together is that you can provide surgery and anesthesia with a higher degree of precision," said anesthesiologist Thomas Hemmerling, who directed McSleepy during the operation.

"Using these robots together is an obvious fit. The result is a much better outcome for patients."

With both the Da Vinci and McSleepy, the doctors must still be present. The Da Vinci, however, can make surgical cuts and stitches with far greater accuracy than the human hand. The surgeon sits at a console and manipulates controls while the mechanical arm operates on the patient.

McSleepy, meanwhile, can deliver "a much more stable anesthesia than you could do yourself," Hemmerling explained.

Gilles Lefort, the 68-year-old man who had his prostate removed, said Tuesday that the all-robotic experience was "great."

"I remember waking up in the operating room with no nausea and my mind was sharp," Lefort recalled. "I think it's a good technology."

Lefort said he wasn't surprised when urologic surgeon Armen Aprikian approached him with the idea of using Da Vinci and McSleepy at the same time.

"I know how technology has grown, and so I expected that something like this would happen one day," he added. "I know that surgeons have already operated on patients using robots. So, I was confident that this would succeed."

Aprikian said the McGill University Health Centre plans to test all-robotic surgery and anesthesia on more patients and for different types of operations.

"This should allow for faster, safer and more precise surgery for our patients," he said.

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2011 SPEAKERS:

January 20, 2011 — Dr. Graham Glezerson - Urologist
"Prostate Cancer:
Everything You Were Afraid to Ask!
Q. and A. Session"

February 17, 2011 — Bunty Anderson, Psychosocial Oncology
"Riding the Emotional Rollercoaster"

March 17, 2011 — Dr. Ellen Lee, Department of Physical Therapy, University of Manitoba

April 21, 2011 — Dr Ross MacMahon, Urologist
"Understanding Hormone Therapy"

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Bottom Line Computer Services
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Support Group
705 - 776 Corydon Ave.
Winnipeg, MB. R3M 0Y1

Email us — manpros@mts.net